



FORM 201 R

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF CHARITABLE GAMING

101 N. 14th Street, 17th Floor, James Monroe Building, Richmond, VA 23219-3684
(804) 786-1681
www.dcg.virginia.gov

CHARITABLE GAMING PERMIT APPLICATION - RENEWAL ONLY

General Instructions

- A. Use this application when applying to renew a current Charitable Gaming Permit.
- B. Complete the entire application and all attachments. DO NOT LEAVE ANY BLANKS.
- C. Place "N/A" if item is not applicable. **Please type or print all answers.**
- D. If needed, attach additional documents or explanation sheets.
- E. Ensure application is dated and signed by the appropriate individual(s).
- F. Enclose a non-refundable \$200 application fee payable to: **Treasurer of Virginia**. Volunteer Fire Departments or Rescue Squads or Auxiliary units thereof who have been recognized by their locality in accordance with Section 15.2-955 of the Code of Virginia, and who can provide a copy upon request of the Department of the ordinance or resolution of the locality, are exempt from the application fee.
- G. Retain a copy for your records.
- H. Allow 45 days for processing a **COMPLETE** application. Incomplete applications and/or the omission of applicable attachments may delay the process.

ORGANIZATION INFORMATION

- 1. Organization's Federal Tax Payer Identification No. _____ DCG No. _____
- 2. Organization's Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____ Telephone: _____
Email Address: _____ Web Page: _____
- 3. Organization's Physical Location: _____
City: _____ State: _____ Zip Code: _____ Telephone: _____
Contact Person: _____ Title: _____
Contact Person's Daytime Phone No.: _____ Fax No.: _____
Email Address: _____
- 4. Jurisdiction where the organization regularly meets? County: _____ City: _____

ORGANIZATION INFORMATION

5. Total No. of Members: _____ Total No. of Virginia Residents: _____

6. Has there been any change in your organization's Articles of Incorporation, By-Laws, Constitution, or any other similar organization document(s) as it relates to charitable gaming? *If Yes, Please attach documents.* Yes _____ No _____

7. Type of Tax Exempt Status Obtained from IRS("X " the Appropriate Box) *Other (Explain)*

501(c)3	501(c)4	501(c)8	501(c)10	501(c)19

8. Has there been any change in your organization's Internal Revenue Service tax exempt status? If yes, please provide a current Internal Revenue Service Determination Letter. Yes _____ No _____

9. If your organization is a part of or related to a national office of an organization (See Section 18.2-340.24.A.1.(i.), Code of Virginia, 1950, as amended), please provide a letter of good standing from the national organization which indicates that your organization is currently covered by the group exempt ruling. *If the national and/or state office has provided this information to the Department for the current year, please select N/A (not applicable).*

Copy Attached?

Yes _____ N/A _____

Not Part of a National Organization _____

10. In the last three years, has the organization had a 501(c) status with the Internal Revenue Service revoked or suspended? *If yes, please explain on a separate page.* Yes _____ No _____

11. Is the organization in compliance with Federal and State law relative to the filing, in the last three tax years, of mandated Federal and State tax returns (*i.e.*, 990, 990EZ, 990T, 990PF, etc.)? *If no, please explain on a separate page.* Yes _____ No _____

12. What is the tax year of the organization's most recently filed Internal Revenue Service Tax Form 990 (including, but not limited to, Form 990, 990EZ, 990PF, 990T) or applicable tax return that has been officially filed with the IRS? If no return(s) has been filed, please explain on a separate page.

Month/Date/Year

Please provide the Total Gross Revenue from Special Events and Activities (Gaming) as reported to the Internal Revenue Service relative to the charitable gaming activities conducted by the organization on Form 990 - Return of Organization Exempt from Income Tax. If the organization has been formally recognized by the IRS as a church, then attach the most recent Statement of Income and Receipts, and Balance Statement.

Line 9.a Long Form

Line 6 Short Form

ORGANIZATION INFORMATION

13. Is the organization delinquent in the payment of any tax to the Internal Revenue Service or the Virginia Department of Taxation, or under a repayment agreement for the payment of any taxes? If yes, please explain on a separate page.

Yes _____ No _____

14. Is your organization recognized as a corporation or a form of limited liability company, as defined by the Code of Virginia?

Yes _____ No _____

If you answered Yes to Item No. 14, is the name as registered at the Virginia State Corporation the same as provided under Item No. 2 of this application? If no, please print registration name below.

Yes _____ No _____

15. If you answered yes to Item No. 14, is your organization in good standing as set out under the Virginia State Corporation Commission?

Yes _____ No _____

16. Is the organization registered and in good standing with the Virginia Department of Agriculture and Consumer Services to solicit charitable contributions in Virginia?

Yes _____ No _____

If you answered Yes to Item No. 16, is the name as registered at the Virginia Department of Agriculture and Consumer Services the same as provided under Item No. 2 of this application? If no, please print registration name below.

Yes _____ No _____

17. Has any person who participates in the management or operation of any charitable gaming activity (1) ever been convicted of a felony, (2) convicted of any misdemeanor involving fraud, theft or financial crimes within the preceding five years of this application, or (3) participated in the management, operation or conduct of any charitable game which was found by the Department or a court of competent jurisdiction to have been operated in violation of state law, local ordinance, or Board regulation within the last five years?

If yes, please provide name, address, and details on a separate page.

Yes _____ No _____

18. Has any person who participates in the conduct of any charitable gaming activity been (1) convicted of a felony within the preceding ten years, (2) convicted of any misdemeanor involving fraud, theft or financial crimes within the preceding five years of this application, or (3) participated in the management, operation or conduct of any charitable game which was found by the Department or a court of competent jurisdiction to have been operated in violation of state law, local ordinance, or Department regulation within the last five years?

If yes, please provide name, address, and details on a separate page.

Yes _____ No _____

CHARITABLE GAMING ACTIVITIES

19. Is any officer, director, game manager, member, or any member who volunteers in the conduct, operation, or management of charitable gaming activities related to a registered supplier, supplier's agent, employee, member of the supplier's immediate family or person residing in the same household who offers, provides, or sells gaming products to your organization?

If yes, please
explain and provide
specifics on a
separate page.

Yes _____ No _____

20. List the location(s), day(s), date(s) and time(s) the charitable gaming activity(s) will be held: Please complete the information for each bingo session or raffle. Make as many copies as needed.

Building Name (Where Charitable Gaming Activities Will Be Held): _____

Physical Address: _____

City/Town: _____ County: _____ State: _____ Zip Code: _____

COMPLETE THE FOLLOWING INFORMATION FOR EACH BINGO SESSION OR RAFFLE. (Copy as many times as needed.)

Type of Gaming Activity: _____ Bingo _____ Raffle _____ Both

Day(s) of the Week and/or Frequency of Gaming Activities: _____

Doors Open at Facility _____ am/pm Doors Close at Facility _____ am/pm

Begin Game Time _____ am/pm End Game Time _____ am/pm

Maximum Occupancy: _____ Total Square Footage Utilized: _____

Facility Lease Amount Per Session _____ Equipment Lease Per Session: _____

Has the organization identified any and all payments and/or consideration paid to the landlord? If no, please provide a detailed explanation on a separate attachment.

Yes _____ No _____

What is the current lease term if organization rents the facility
(**Begin Month/Date/Year and End Month/Date/Year**)

_____ through _____
Month/Date/Year Month/Date/Year

21. **FOR ALL CHARITABLE GAMING ACTIVITIES:** (If more space is needed or your organization utilizes additional facilities, provide the same information relative to the additional facility on a separate page and attach.)

a. Who owns and has title to the facility where the charitable gaming activities will occur. Select one. _____ Organization _____ Landlord
Other - Explain: _____

b. Is the equipment used to conduct the charitable gaming activities owned or leased by the applicant organization? _____ Owned _____ Leased _____

c. Landlord's Full Name: _____
Landlord's Address: _____
City: _____ State: _____ Zip Code: _____
Contact Person: _____ Telephone: _____

CHARITABLE GAMING ACTIVITIES

d. Name of Facility: _____ Facility Manager: _____
 Facility Telephone: _____ Facility Fax: _____

22 Are the premises used by more than one organization for the purpose of conducting charitable gaming activities?
Yes _____ No _____

23. **For Raffle Applications Only** - Will the raffle event be held in conjunction with a casino or Las Vegas night?
Yes _____ No _____

Please complete the following for each scheduled raffle.

a. What date does the organization plan to begin raffle ticket sales? _____
Tickets cannot be sold until receipt of a valid charitable gaming permit. Month/Date/Year
 Raffle drawing date and time of drawing. _____

b. What prizes are to be given away? Were they purchased or donated?
 Use an additional page if necessary.

Prize _____	Purchased _____	Donated _____
Prize _____	Purchased _____	Donated _____
Prize _____	Purchased _____	Donated _____
Prize _____	Purchased _____	Donated _____

c. What is the total purchase price per ticket? (Use separate page if necessary.) Attach a copy of each sample raffle ticket. See 11 VAC 15-22-70.C. for required information. _____
Copy Attached? Yes _____ No _____

d. What is the total number of raffle tickets to be printed? _____

e. Will volunteers/members who sell raffle tickets be allowed to buy raffle tickets?
 If yes, please provide a detailed explanation. Yes _____ No _____

f. Provide a narrative detailing how the raffle will be conducted; Scope: (a) house rules, (b) alternatives if not enough tickets are sold; Sales: procedures to control sales, money and unsold tickets; Drawing: (a) location, (b) date, (c) name of drawer.
Narrative Attached? Yes _____ No _____

CHARITABLE GAMING ACTIVITIES

24. Are all raffle tickets scheduled to be sold in the Commonwealth of Virginia?

If no, please provide an explanation of how the raffle sales will be conducted.

Yes _____ No _____

25. Full name of person responsible for filing financial reports

First Middle Last

Is this person authorized to submit reports electronically?

Yes _____ No _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Email Address: _____ Fax: _____

26. Where are the financial records stored?

Organization: _____ Other: _____

Physical Location of Records: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Contact Person's Full Name: _____ Fax: _____

27. Please list the name of any and all individuals and/or registered suppliers who sold gaming supplies to your organization during the last 12 months.

(Use additional sheet if necessary.)

Have all suppliers of gaming products utilized by your organization been identified?

Yes _____ No _____

a. Supplier Name: _____

b. Supplier Name: _____

c. Supplier Name: _____

28. Please identify any and all persons utilized by your organization who are designated and/or participate as bingo callers during your charitable gaming activities. *(Use additional sheet if necessary.)*

All individuals identified?

Yes _____ No _____

a. Caller's Full Name: _____

Caller's Physical Home Address: _____

b. Caller's Full Name: _____

Caller's Physical Home Address: _____

c. Caller's Full Name: _____

Caller's Physical Home Address: _____

29. Does the organization pay any bingo caller or bingo manager for participating in the organization's charitable gaming activities? Use additional page if necessary.

If yes, please list each individual on the following page.

Yes _____ No _____

CHARITABLE GAMING ACTIVITIES

Full Name of Individual _____ Title _____
Caller, Manager or Both

Full Name of Individual _____ Title _____
Caller, Manager or Both

30. Describe in detail how the funds derived from the organization's charitable gaming activities will be disbursed in accordance with those lawful religious, charitable, community or educational purposes.

FOR VOLUNTEER FIRE DEPARTMENTS OR RESCUE SQUADS OR AUXILIARY UNITS THEREOF WHICH ARE EXEMPT FROM THE APPLICATION FEE UNDER § 15.2-955 OF THE CODE OF VIRGINIA, 1950, AS AMENDED.

31. Is the applicant organization currently recognized in accordance with Section 15.2-955 by an ordinance or resolution by a political subdivision where the organization is located as being part of the safety program of the political subdivision?

If no, please explain on a separate page.

Yes _____ No _____

32. Date the organization was recognized in accordance with Section 15.2-955 by an ordinance or resolution by a political subdivision where the organization is located as being part of the safety program of the political subdivision.

Month/Date/Year

33. Name of political subdivision that has recognized the applicant organization as being part of its safety program.

County, City or Town

PERSONNEL INFORMATION

Section 18.2-340.25, Code of Virginia, 1950, as amended, provides that no charitable gaming license can be issued prior to a reasonable investigation conducted by the Department of Charitable Gaming.

Complete the following information for the (1) President, (2) Treasurer/Financial Officer, or their equivalent position, and (3) Each Game Manager.

Answer each section in its entirety. **FULL PROPER LEGAL NAMES** must be provided -- **applications with initials or incomplete responses will delay processing of the application**. If an individual has no middle name, then insert "NMN" (No Middle Name). The social security numbers and dates of birth of all individuals must be provided in order for this application to be considered complete.

I understand that I am required to submit a Gaming Personnel Information Update Form for any change in the Organization's President, Treasurer/Financial Officer, or their equivalent position, or Game Manager after submission of this Renewal Application, and immediately upon any change in any of the above designated officers. The Gaming Personnel Information Update Form is available under "Licensing Forms" on the Department's web site at www.dcg.virginia.gov.

PERSONNEL INFORMATION

Position Codes: ("X" the appropriate box for each applicable individual, or its equivalent position)

____ President

____ Treasurer/Financial Officer

____ Game Manager(s)

Signature: _____

Date: _____

Full Name: _____
Complete First Name Complete Middle Name Complete Last NameOrganization
Title: _____Complete Term of Office Holder: Begin Term Date: _____ End Term Date: _____
Month/Date/Year Month/Date/Year

Social Security No.: Date of Birth: _____ Race: _____ Sex: _____

Physical Home Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Contact No.: _____

Fax No.: _____

Other Contact No.: _____

E-Mail Address: _____

NOTE: Organization's are required to submit a Gaming Personnel Information Update Form if there are any changes in the (1) President, (2) the Treasurer/Financial officer, or its equivalent position, and (3) for any Game Manager after issuance of a permit if the above referenced designated individuals listed in this application change or if officer elections occur. This should be submitted as soon as the change takes place.

Prior to issuance of a license and/or permit, the Department of Charitable Gaming reserves the right to request additional information from those named in the "Personnel Information" section of this Charitable Gaming Permit Application - Renewal Only.

SIGNATURES

THE PRESIDENT/CHIEF OFFICER, OR DESIGNEE, OF THE APPLICANT ORGANIZATION MUST PRINT HIS/HER NAME, AFFIX HIS/HER SIGNATURE, AND PROVIDE THE DATE.

I hereby certify that all information provided in this application and attachments are true to the best of my knowledge, information and belief, and that I have not knowingly made a false statement of material fact on this application, and that I have read and understand the terms and conditions as set out under the Code of Virginia and the Department of Charitable Gaming Rules and Regulations. I understand that untruthful or misleading answers are cause for denial of the charitable gaming permit. I also agree that the organization listed on this application and its officers, directors, members, and employees, will abide by all rules and regulations of the Virginia Department of Charitable Gaming in the operation, management, and conduct of bingo game(s) and/or raffle(s) pursuant to the Code of Virginia, Chapter 8, Section 18.2-340.15, *et seq.*

Signature: _____

Date: _____

Full Name: _____
Complete First Name Complete Middle Name Complete Last NameOrganization
Title: _____